

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) <b>24104A</b>
<p>I hereby declare that:</p> <p>My residence and mailing address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: <u>Harrison G. Purvis</u></p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Name of Patentee(s): <b>Purvis et al.</b>		
Patent Number <b>5,842,685</b>	Date of Patent Issued <b>December 1, 1998</b>	
Title of Invention <b>TEMPORARY GUARD RAIL SYSTEM</b>		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____</p> <p><b>TEMPORARY GUARD RAIL SYSTEM</b></p>		
<p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p style="text-align: center;">and was amended on _____</p> <p style="text-align: center;">(If applicable)</p>		
<p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		
<p>At least one error upon which reissue is based is described as follows:</p> <p>Applicant's previous attorney failed to appreciate the contribution and scope of Applicant's invention and failed to claim the scope of what Applicant was entitled to claim. Applicant's previous attorney allowed claims to issue which were too narrow. Applicant submits [Attach additional sheets, if needed.] that such errors arose</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the without any applicant. <span style="float: right;">deceptive intent.</span></p>		

[Page 1]

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) <b>24104A</b>	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s) <b>Jeffrey S. Whittle</b>		Registration Number <b>Reg. No. 36,382</b>	
<b>Mark R. Malek</b>		<b>Reg. No. 46,894</b>	
Correspondence Address: Direct all communications about the application to: <input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> <span style="font-size: 2em; vertical-align: middle;">→</span> <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;">           Place Customer Number Bar Code Label Here         </div> <div style="text-align: center; margin-top: 5px;">Type Customer Number Here</div>			
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	<b>Jeffrey S. Whittle</b>		
Address	<b>Allen, Dyer, Doppelt, Milbrath &amp; Gilchrist, P.A.</b>		
Address	<b>P.O. Box 3791</b>		
City	<b>Orlando</b>	State	<b>FL</b>
Country	<b>U.S.</b>		
Telephone	<b>(407) 841-2330</b>	Fax	<b>(407) 841-2343</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) <b>Harrison G. Purvis</b>			
Signature <i>Harrison G. Purvis</i>		Date <b>9/10/07</b>	
Address of Assignee <b>Rt. 1, Box 238D, Holly Springs, NC 27540</b>			
Patentee <b>Harrison G. Purvis</b>		Citizenship <b>U.S.</b>	
Residence/Mailing Address <b>Rt. 1, Box 238D, Holly Springs, NC 27540</b>			
Patentee <b>Lonnie E. Arnold, Jr., Tony R. Matthews</b>		Citizenship <b>U.S.</b>	
Residence/Mailing Address			
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			